

CRD TO EASA NPA 2008-17c and NPA 2009-02e

Resulting Text
AMC/GM to Part-MED

CRD b.3

Commentor:	UK CAA
Page No: 12 - Paragraph No: AMC to MED.045, 3. Limitation Code 3.11	
Comment: 3.11 SSL is incorrect. As written in the Resulting Text, 3.11 has the same meaning as 3.12.	
Justification: The SSL limitation code should be the same as JAR FCL 3 i.e 'Special Restrictions as Specified' in order to ensure continued harmonisation. Also, safety could be affected if the JAR code is used in the EASA requirements with a different meaning.	
Proposed Text (if applicable): 3.11 SSL restricted to specified type of aircraft special restrictions as specified	

Commentor:	UK CAA
Page No: 12 - Paragraph No: AMC to MED.045, 3. Limitation Code 3.14	
Comment: 3.14 SIC is incorrect.	
Justification: The SIC limitation code should be the same as JAR FCL 3 i.e. Special Instructions – Contact Medical Assessor of Licensing Authority (need to substitute 'Medical Assessor of Licensing Authority' for previous JAR terminology 'AMS') in order to ensure continued harmonisation. Also, safety could be affected if the JAR code is used in the EASA requirements with a different meaning.	
Proposed Text (if applicable): 3.14 SIC specific regular medical examination(s) Special Instructions – Contact Medical Assessor of Licensing Authority	

Commentor:	UK CAA
Page No: 17 - Paragraph No: AMC 1 to MED.B.005 b.9	
Comment: Change of title has had inadvertent consequences.	
Justification: Most of the investigations specified in AMC 1 to MED.B.005 b.9 are only required with recurrent syncope, which may not be vasovagal in origin.	
Proposed Text (if applicable): Amend title of AMC 1 to MED.B.005 b.9 to ' Recurrent Syncope '	

Commentor:	UK CAA
Page No: 17 - Paragraph No: AMC 1 to MED.B.005 c.2.iii	
Comment: 'AT1' is superfluous and renders the sentence nonsensical.	
Justification: To make intended sense clear.	
Proposed Text (if applicable): AMC 1 to MED.B.005 c.2.iii angiotensin II AT1-blocking agents (sartans);	

Commentor:	UK CAA
Page No: 20 - Paragraph No: AMC 1 to MED.B.005 e.9.ii	
Comment: Agree with concept but new wording unclear.	
Justification: Improve understanding of text.	
Proposed Text (if applicable): AMC 1 to MED.B.005 e.9.ii a bipolar lead system, programmed in bipolar mode without automatic mode polarity change of the device;	

Commentor:	UK CAA
Page No: 23 - Paragraph No: AMC 1 to MED.B.020 7ii	
Comment: Inadvertent change of rule from NPA text amendment. New text does not leave open the possibility of unrestricted Class 1 with some anti diabetic agents and is a more stringent requirement than JAR FCL 3 which allows some Class 1 pilots to fly unrestricted when taking some medications for diabetes.	
Justification: There is a need to maintain unrestricted certification of pilots who take certain medications for diabetes. Some of these medications do not cause hypoglycaemia.	
Proposed Text (if applicable): AMC 1 to MED.B.020 7ii The use of antidiabetic medications that are not likely to cause hypoglycaemia may be acceptable for a fit assessment. The use of anti-diabetic medications that have an acceptable risk of hypoglycaemia may be acceptable for a fit assessment with a multipilot limitation.	

Commentor:	UK CAA
Page No: 24 - Paragraph No: AMC 1 to MED.B.025 7	
Comment: Para not required.	
Justification: This para repeats AMC 1 to MED.B.005 (b) 7.	

Proposed Text (if applicable):

Delete AMC 1 to MED.B.025 7.1 and 7.2

Commentor:

UK CAA

Page No: 26 - Paragraph No: AMC 1 to MED.B.035 4**Comment:**

EASA's response to UK's Comment No 485 is that the JAR FCL-3 requirement should be used. But this means that this rule, written in 1997, and associated terminology is increasingly outdated and does not take into account medical advances in the intervening period. We propose that this is dealt with urgently by a rulemaking task to avoid disproportionate regulation and legal challenges by applicants.

Justification:

See recent ICAO guidance and CMOs' Forum paper on the topic.

Proposed Text (if applicable):

AMC 1 to MED.B.035 4.2 Replace existing text with: '**Clinical disease that might give rise to incapacitating symptoms is disqualifying**'.

Commentor:

UK CAA

Page No: 27 - Paragraph No: AMC 1 to MED.B.050 5**Comment:**

Rewording of last sentence would improve clarity.

Justification:

Meaning unclear.

Proposed Text (if applicable):

AMC 1 to MED.B.050 5 reword last sentence: 'If a ~~stable~~ **stability on** maintenance psychotropic medication is confirmed, a fit assessment should require an OML limitation'.

Commentor:

UK CAA

Page No: 31 - Paragraph No: AMC to MED.B.065 4.1 (i) and 4.3 (i)**Comment:**

In certain circumstances hypermetropia beyond 5 dioptres should be allowed.

Justification:

CRD a.1 - Explanatory note A, para 40 highlights the concerns of some commentators about the risk of diplopia in applicants with a refractive error $>+5$ dioptres when tired. This can be mitigated by demonstration of adequate fusional reserves. There is no evidence of increased accidents/incidents in high hypermetropes. Screening for associated pathology is covered by the requirement that 'no significant pathology is demonstrated'.

Proposed Text (if applicable):

AMC to MED.B.065 4.1 (i) and 4.3 (i) hypermetropia ~~not~~ exceeding +5.0 dioptres, **with fusional reserves sufficient to prevent diplopia;**

Commentor:	UK CAA
Page No: 31 - Paragraph No: AMC to MED.B.065 4.2	
Comment: Following the change in the text proposed for AMC to MED.B.065 4.1 (i) and 4.3 (i), para 4.2 needs to include hypermetropia.	
Justification: High hypermetropes need to be reviewed in the same way as other applicants with high refractive errors.	
Proposed Text (if applicable): AMC to MED.B.065 4.2 Initial applicants who do not meet the requirements in 4.1 (ii), (iii) and (iv) above should be referred to the licensing authority.	

Commentor:	UK CAA
Page No: 31 - Paragraph No: AMC 1 to MED.B.065 4.3 and 4.6	
Comment: Resulting Text reads as follows: 4.23. At revalidation an applicant may be assessed as fit with: (i) hypermetropia not exceeding +5.0 dioptres; provided that optimal correction has been considered and no significant pathology is demonstrated. 4. 46. If the refractive error is greater than +5 or -6.0 dioptres, there is more than 3.0 dioptres of astigmatism or anisometropia exceeds 3.0 dioptres, a review shall be undertaken 2 yearly by an eye specialist.	
Justification: The insertion of '+5 or' into para 4.6 implies that an applicant can be issued a certificate with hypermetropia over +5 which is precluded by para 4.3. These paras are contradictory.	
Proposed Text (if applicable): AMC to MED.B.065 4.3 (i) hypermetropia not exceeding +5.0 dioptres, with fusional reserves sufficient to prevent diplopia; and no change to 4.6	

Commentor:	UK CAA
Page No: 33 - Paragraph No: AMC A to MED.B.070	
Comment: There are methodological limitations to the use of the anomaloscope and lantern tests in determining whether an individual is 'colour safe'. A colour threshold determination test needs to be allowed as an alternative to, or more probably instead of, a Lantern test.	
Justification: CRD a. 1 – Explanatory Note A Annex II states: "41. MED.B.070 — Colour Vision. A new test for colour vision is proposed to be included as being acceptable for a medical assessment for class 1 and class 2. This test has been developed by a university and seems to give good results. Taking into account that new cockpit displays use more colours than was previously the case and pilots have to be able to distinguish these colours correctly, the Agency is of the opinion that any new test needs an independent evaluation before it can be	

accepted for an aero-medical assessment on colour vision”.

The task analysis that was undertaken as part of the research for the newly developed test demonstrated that cockpit displays have sufficient redundancy cues so as not to be safety critical colour tasks. However the detection of coloured lights in the PAPI **IS** safety critical and this underpins the new test. Independent evaluation needs to be commissioned and undertaken soon as the colour threshold determination test is now in routine use in some States as the evidence for its use is far greater than the evidence for the use of any of the lantern tests.

Proposed Text (if applicable):

Add new **AMC A to MED.B.070 3 (iii) Colour threshold determination test (CAD or equivalent). This test is considered passed if the colour detection threshold is equivalent to that of an individual with normal trichromacy.**

Commentor:	UK CAA
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Page No: 34 - Paragraph No: AMC A to MED.B.085 1

Comment:

Editorial

Justification:

Improve sense.

Proposed Text (if applicable):

AMC A to MED.B.085 1 Applicants who ~~underwent~~ **have undergone** treatment for malignant disease....

Commentor:	UK CAA
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Page No: 37 - Paragraph No: AMC 2 to MED.B.005 (c) 5

Comment:

The insertion of a new sentence requires new explanatory text.

Justification:

The main reason for assessing an applicant in this circumstance is to ensure satisfactory blood pressure control.

Proposed Text (if applicable):

AMC 2 to MED.B.005 (c) 5 Following initiation of medication for the control of blood pressure, applicants should be re-assessed to **ensure satisfactory blood pressure control and** verify that the treatment is compatible with the safe exercise of the privileges of the licence held.

Commentor:	UK CAA
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Page No: 38 - Paragraph No: AMC 2 to MED.B.005 (d) 3.2 (ii)

Comment:

New text requires a minimum 50% LVEF which may not always be necessary for C2.

Justification:

This identical requirement to Class 1 is too prescriptive for Class 2. The requirement for satisfactory LV function and LVEF is sufficient.

Proposed Text (if applicable):

Delete 'not less than 50%'.

Commentor:

UK CAA

Page No: 39 - Paragraph No: AMC 2 to MED.B.005 (e) 7.1 (ii)**Comment:**

Agree with concept but new wording unclear.

Justification:

Improve understanding of text.

Proposed Text (if applicable):

AMC 2 to MED.B.005 (e) 7.1 (ii) a bipolar lead system is used, programmed in bipolar mode without automatic mode ~~mode~~ **polarity** change of the device;

Commentor:

UK CAA

Page No: 44 - Paragraph No: AMC B to MED.B.050 2**Comment:**

Rewording of last sentence would improve clarity. Also, for Class 2, other operational limitations may be more appropriate.

Justification:

Meaning unclear.

Proposed Text (if applicable):

If a ~~stable~~ **stability on** maintenance psychotropic medication is confirmed, a fit assessment with an OSL **or other operational** limitation may be considered.

Commentor:

UK CAA

Page No: 47 - Paragraph No: AMC B to MED.B.070 3**Comment:**

There are methodological limitations to the use of the anomaloscope and lantern tests in determining whether an individual is 'colour safe'. A colour threshold determination test needs to be allowed as an alternative to, or more probably instead of, a Lantern test.

Justification:

CRD a. 1 – Explanatory Note A Annex II states:

"41. MED.B.070 — Colour Vision. A new test for colour vision is proposed to be included as being acceptable for a medical assessment for class 1 and class 2. This test has been developed by a university and seems to give good results. Taking into account that new cockpit displays use more colours than was previously the case and pilots have to be able to distinguish these colours correctly, the Agency is of the opinion that any new test needs an independent evaluation before it can be accepted for an aero-medical assessment on colour vision".

The task analysis that was undertaken as part of the research for the newly developed test demonstrated that cockpit displays have sufficient redundancy cues so as not to be safety critical colour tasks. However the detection of coloured lights in the PAPI **IS** safety critical and this underpins the new test. Independent evaluation needs to be commissioned and undertaken soon as the colour

threshold determination test is now in routine use in some States as the evidence for its use is far greater than the evidence for the use of any of the lantern tests.

Proposed Text (if applicable):

Add new test to MED.B.070 3 (iii) **Colour threshold determination test (CAD or equivalent). This test is considered passed if the detection threshold is equivalent to that of an individual with normal trichromacy.**

Commentor:	UK CAA
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Page No: 48 - Paragraph No: AMC B to MED.B.075 9

Comment:

Text amendment required.

Justification:

This does not read well as it implies that applicants with significant dysfunction of the Eustachian tubes may fly.

Proposed Text (if applicable):

An applicant with significant dysfunction of the Eustachian tubes may be assessed as fit in consultation with the licensing authority.

Commentor:	UK CAA
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Page No: 50 - Paragraph No: AMC to MED.B.090

Comment:

This AMC is suitable for AeMCs and AMEs only. Reference to GMPs should be removed and a separate text provided for GMPs who have had no aviation medicine training as an alternative AMC.

Justification:

A separate text is required for GMPs who have had no aviation medicine training.

Proposed Text (if applicable):

Change title to 'AMC to MED.B.090 For AeMCs and AMEs'.
Specific Requirements for LAPL.

And amend as follows:

'When a specialist evaluation is required under this section, the aero-medical assessment of the applicant should be performed by an AeMC, or AME or GMP.'

Commentor:	UK CAA
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Page No: 50 - Paragraph No: NEW 'Alternative AMC to MED.B.090 For GMPs'.

Comment:

A separate text is proposed as alternative AMC for GMPs who have had no aviation medicine training.

Justification:

The text for GMPs must be explicit and make clear which applicants should be referred to an AeMC or AME.

Proposed Text (if applicable):

CRD to NPA 2008-17c

Subpart B

REQUIREMENTS FOR MEDICAL CERTIFICATES

Specific Requirements for LAPL

AMC to MED.B.090 for GMPs

1. When an applicant has a medical history or examination finding specified in this section, the applicant should be referred to the AeMC or AME for aero-medical assessment.
2. Applicants who have undergone recent surgery should be fully recovered from the surgery and free of complications.
3. Applicants with a disqualifying medical condition should be assessed as unfit and informed of their right to appeal to the competent authority.
4. Applicants should not be taking any medication, prescribed or otherwise, likely to cause drowsiness.
5. Notwithstanding these requirements, the GMP should refer the applicant to an AeMC or AME whenever there is doubt about fitness.

1. CARDIOVASCULAR SYSTEM

Referral to AeMC/AME is required with, or with a history of:

- (i) aortic aneurysm or dissection;
- (ii) valvular heart disease;
- (iii) congenital heart disease;
- (iv) heart failure;
- (v) systemic embolism;
- (vi) cardiomyopathy;
- (vii) heart or heart/lung transplant;
- (viii) myocardial infarction, other acute coronary syndrome or cardiac revascularisation, (unless an exercise tolerance test is negative for ischaemia, a minimum of 6 weeks post-event, or 3 months post coronary artery bypass graft);
- (ix) peripheral or cerebral arterial disease;
- (x) ventricular pre-excitation;
- (xi) pacemaker;
- (xii) cardiac arrhythmia, or conduction disturbance suspected, or known, to be secondary to underlying cardiac disease.

Referral to AeMC/AME is required with:

- (i) consistently elevated blood pressure above 160/95;
- (ii) suspected myocardial ischaemia.

Disqualifying conditions:

- (i) symptomatic hypertrophic cardiomyopathy;
- (ii) left ventricular ejection fraction of <40%.
- (iii) Angina pectoris (even if controlled with medication).

2. RESPIRATORY SYSTEM

Referral to AeMC/AME is required with, or with a history of:

- (i) pneumothorax;
- (ii) sarcoidosis.

Referral to AeMC/AME is required with:

- (i) impairment of pulmonary function related to an underlying respiratory condition, or major thoracic surgery;
- (ii) untreated sleep apnoea syndrome.

Disqualifying conditions:

- (i) unstable asthma requiring frequent systemic steroids;
- (ii) cardiac sarcoidosis.

3. DIGESTIVE SYSTEM

Referral to AeMC/AME is required with, or with a history of:

- (i) pancreatitis;
- (ii) hepatic failure.

Referral to AeMC/AME is required with:

- (i) symptomatic gallstones;
- (ii) unstable chronic inflammatory bowel disease.

4. METABOLIC AND ENDOCRINE SYSTEM

Referral to AeMC/AME is required with, or with a history of:

- (i) diminished or absent awareness of hypoglycaemia;
- (ii) daytime hypoglycaemia in the last year requiring third party assistance;

Referral to AeMC/AME is required with:

- (i) metabolic, nutritional or endocrine dysfunction;
- (ii) body mass index (weight in kg/height in m²) >35.

Disqualifying:

- (i) insulin treated diabetes mellitus.

5. HAEMATOLOGY

Referral to AeMC/AME is required with:

- (i) acute leukaemia.

6. GENITOURINARY SYSTEM

Referral to AeMC/AME is required with, or with a history of:

- (i) renal failure.

Referral to AeMC/AME is required with:

- (i) renal calculus.

7. INFECTIOUS DISEASE

Referral to AeMC/AME is required with:

- (i) HIV if there are signs of clinical progression.

8. OBSTETRICS AND GYNAECOLOGY

Referral to AeMC/AME is required with:

- (i) pregnancy.

9. MUSCULOSKELETAL SYSTEM

Referral to AeMC/AME is required with, or with a history of:

- (i) limb amputation (partial or complete);

Referral to AeMC/AME is required with:

- (i) reduced function of the musculoskeletal system so that one or more of the following cannot be achieved;
 - a. normal range of movement of limb joints and spine;
 - b. ability to stand from squatting position, without aid;
 - c. normal fine motor movements of hand and fingers and grip.

10. PSYCHIATRY

Referral to AeMC/AME required with, or with a history of:

- (i) mood, neurotic, personality, mental or behavioural disorder;
- (ii) psychotic illness (other than schizophrenia, schizotypal or delusional disorder)
- (iii) persistent alcohol or drug misuse;
- (iv) significant or repeated acts of deliberate self-harm.

Referral to AeMC/AME is required with:

- (i) any psychiatric disorder requiring psychotropic medication.

Disqualifying conditions:

- (i) established history, or clinical diagnosis, of schizophrenia, schizotypal or delusional disorder.

11. PSYCHOLOGICAL DISORDER

Referral to AeMC/AME is required with:

- (i) a psychological disorder

12. NEUROLOGY

Referral to AeMC/AME is required with, or with a history of:

- (i) a single epileptic seizure with an identified and treated cause;
- (ii) one or more epileptic seizures after the age of 5 years with no recurrence off all anti-convulsant treatment for at least 5 years;
- (iii) unexplained loss of consciousness within the last 5 years;
- (iv) stroke or transient ischaemic attack;
- (v) sub-arachnoid haemorrhage;
- (vi) intracranial aneurysm
- (vii) subdural haematoma
- (viii) brain surgery;
- (ix) chronic neurological disorder, including Parkinson's disease, multiple sclerosis;
- (x) head injury with loss of consciousness or penetrating brain injury;
- (xi) sudden and disabling dizziness/vertigo within the last year.
- (xii) transient global amnesia

Referral to AeMC/AME is required with:

- (i) narcolepsy;
- (ii) brain tumour;
- (iii) spinal or peripheral nerve injury.

Disqualifying conditions:

- (i) epilepsy (whether controlled by medication or not);
- (ii) dementia or other cognitive impairment.

13. VISUAL SYSTEM

13.1 Referral to AeMC/AME is required with, or with a history of:

- (i) diplopia;
- (ii) refractive surgery with post-operative glare or other complications;
- (iii) abnormal visual field (to confrontation testing)

13.2 Referral to AeMC/AME is required with:

- (i) binocular distant visual acuity worse than 6/9;
- (ii) distant visual acuity (each eye separately) worse than 6/12;
- (iii) binocular intermediate visual acuity worse than N14 at 100cm;
- (iv) binocular near visual acuity worse than N5 at 30-50cm.

Corrective lenses may be worn to achieve these levels of visual acuity.

13.3 If corrective lenses are worn to achieve the visual requirements described in 13.2, a limitation should be noted on the Medical Examination Report and added to the LAPL medical certificate as follows:

- VDL 'correction for defective distant vision'
- VML 'correction for defective distant, intermediate and near vision'
- VNL 'correction for defective near vision'.

14. OTORHINO-LARYNGOLOGY

Referral to AeMC/AME is required with:

- (i) inability to understand correctly conversational speech;
- (ii) eustachian tube or sinus dysfunction;
- (iii) disease of the middle or inner ear;
- (iv) vestibular dysfunction
- (v) speech disorder.

Commentor:

UK CAA

Page No: 53 - Paragraph No: Subpart B AMC to MED.B.090. 7. INFECTIOUS DISEASE

Comment:

This is new text. Applicants who are HIV positive and have minor clinical disease should be allowed medical certification.

Justification:

The risk of incapacitation for such applicants is within acceptable limits.

Proposed Text (if applicable):

Applicants who are HIV positive may be assessed as fit if investigation provides no evidence of **significant** ~~clinical~~ disease.